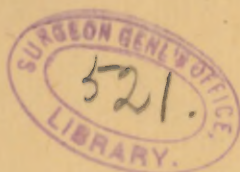


KEIPER (Geo. F.)

A word for the general
practitioner. x x x x x x x



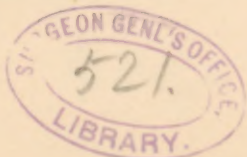
Keiper (G. F.)

A WORD FOR THE GENERAL PRACTITIONER.

"WHAT THE GENERAL PRACTITIONER SHOULD KNOW
ABOUT EYE DISEASES."

BY GEORGE F. KEIPER, A.M., M.D.

The above title has appeared at the head of numerous articles by as many authors within the last few years. It has recurred with such frequency as to nauseate the one for whom it was intended. A careful analysis of the articles oftentimes reveals a stupendous amount of ignorance and inexperience, either or both of which are reprehensible. They begin something after this fashion: "The object of this paper is to instruct the general practitioner what diseases and conditions of the eye he should send to an oculist and what the oculist is willing that the general practitioner shall treat." Then will probably follow a rehearsal of some cases where a general practitioner is held up to public view because of an error of diagnosis and treatment. Fortunately these cases are very rare in the oculist's practice, if from the practice of thoroughly informed physicians. They are too common if from the practice of those Ishmaelites, the itinerant and advertising quack. The articles above referred to then deal with the different diseases of the eye sometimes very elaborately, and before one is through reading them he is impressed with the irresistible conclusion that it is not safe for a general practitioner to treat any eye disease, and that he had better send all eye cases to the author of the article for treatment; for these articles are not primarily intended to be read by oculists, but by general practitioners and for this reason they very rarely appear in journals devoted exclusively to ophthalmic science, but in journals which the general practitioner is most likely to read. These articles subserve no good purpose in advancing the progress of ophthalmic science. They are written, as Dr. Joseph Eastman said, in the Section of Gynecology at the last meeting of the AMERICAN MEDICAL ASSOCIATION, like the tariff bill "of these Democratic Senators, a tariff for revenue only."



The time has come when the better class of oculists should cry out against this debauchery of ophthalmic science. This advice will apply to all specialties. The attempt is to narrow the field of usefulness of the general practitioner until the only recourse for him will be to make a specialty of general practice. Because operations have been rendered easy and comparatively successful, specialists have often become egotists. No doubt this spirit of egotism has prompted the publication of the articles above mentioned.

The well-informed general practitioner can often teach a specialist more in a minute than the specialist can teach him in an hour. The great advances in ophthalmic science within the last fifty years have been due very largely to the general practitioner. Some of the most valuable hints, those hints which often do more for a surgeon's reputation than the most formidable operation he may perform have come to us from general practitioners. You perhaps have never seen in a text-book on the eye that when a foreign body is lodged under an eye-lid, by rubbing the other eye it will often be dislodged and removed, and trouble the eye no more forever. The rhinologist perhaps has never read in a text-book of laryngology that an acute coryza may be very quickly and efficiently broken up by the inhalation of the fumes of iodine crystals placed in a bottle. These valuable hints were given the author by a prominent practitioner of this place whose modesty has prevented him from writing a lengthy article advising the specialist what he should know of general practice. Very many other hints might be given similar to the two above.

All honor to our general practitioners. May their shadows never grow less. May the bulk of their knowledge on eye diseases continually increase. May the size of their pocket book be more plethoric. May those who limit their practice exclusively to a certain disease, because of *circumstances not their own*, reverence the general practitioner, the old-fashioned family physician, whose skill has pulled us through many rough experiences on beds of pain. It is to be wondered at why general practitioners have not filled the pages of our medical journals with articles entitled thus: "WHAT THE SPECIALIST SHOULD KNOW OF GENERAL PRACTICE."

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